

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>08-09-01</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>11/6</i>
FORMALITY REVIEW	<i>Elen</i>	<i>944</i>	<i>9-13-01</i>
RESPONSE FORMALITY REVIEW	<i>JK</i>	<i>835</i>	<i>10/23/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

09-13-01  
 10/24/01  
 858-30523